

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

Name: DANIELLE NICOLE HAWK

Daytime Telephone: _____

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State <u>FL</u> District <u>3</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> Candidates - Date of Election <u>8/23/22</u>		
<input type="checkbox"/> New Officer or Employee <input type="checkbox"/> Employing Office _____	Staff Filing Type (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant		Period Covered January 1, <u>2020</u> to <u>MAY 21, 2024</u>
A \$200 penalty shall be assessed against any individual who files more than 30 days late.			(Office Use Only)

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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SCHEDULE A - ASSETS & "UNEARNED"

Name: DANIELLE NICOLE MARK

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income																								
SP, DC, JT	ASSET NAME	EIF	Value of Asset													Type of Income								Current Year												Preceding Year											
			A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e.g., Partnership income or Farm Income)	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
			Name	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Specify DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e.g., Partnership income or Farm Income)	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
			Name	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Specify DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e.g., Partnership income or Farm Income)	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

SCHEDULE C - EARNED INCOME

Name: DANIELLE NICOLE HAWK

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs and benefits received under the Social Security Act.
INCOME LIMITS AND PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,555. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Date	Preceding Year
Examples			
ABC LIST APPROPRIATION, BUREAU OF THE U.S. GOVERNMENT	Honorarium	\$200	
DEFINITION, INC.	Salary	\$1,000	\$1,000
GHIJKL, INC.	Salary	\$1,000	\$1,000
MNOPQR, INC.	Salary	\$1,000	\$1,000
PALM BEACH ATLANTIC UNIVERSITY	Salary	N/A	\$21,982.90
PALM BEACH ATLANTIC UNIVERSITY	Spouse Salary	N/A	\$20,208.20
CRCC ASIA, LLC	Salary	\$1,852.75	\$17,241.35
YOUNG LIVING OPPORTUNITIES, LLC	Salary	\$11,332.52	\$3,183.87
UNIVERSITY OF FLORENCE	Spouse Salary	\$17,891.89	\$7,265.65
QUINCY, INC.	Salary	\$11,968.62	N/A
FLORENCE DEPT. OF ECONOMIC OPPORTUNITY	Unemployment benefits	\$2,343.00	N/A
FLORENCE DEPT. OF ECONOMIC OPPORTUNITY	Spouse unemployment benefits	\$10,775.00	N/A
DURHAM COMMUNITY CONSULTING	Salary	\$7,990	N/A
BROTHER COOKS	Salary	\$2,922.51	N/A

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SCHEDULE F - AGREEMENTS

Name: MARIELE NICOLE MARK

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to future employment, a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Source:	Doe Jones & Smith, Hometown, State	Accounting Services

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Use additional sheets if more space is required.